Fees are Not Refundable



Wholesaler/Manufacturer Application

Ch	neck the licenses or registrations which correspond to your p	proposed business activ	rities. Fees	are not refundable.
	Controlled Substances Wholesaler\$115.00	☐ Drug Manı	ufacturer	\$ 590.00
	Drug Wholesaler (Full Line)\$590.00	□ Controlled	Substance	es Manufacturer \$ 115.00
	Drug Wholesaler Over-the-Counter Only\$330.00	☐ Other CSA	Negistration	on\$ 40.00
	Drug Wholesaler (Export)\$590.00	Describe _		
	Drug Wholesaler (Export Non-profit)\$ 25.00			
1.	This is a ☐ New Location ☐ Change of Location ☐ Change Only (\$15.00 Duplicate fee)	nange of Ownership		
2.	The type of ownership is a ☐ Corporation	☐ Partnership		☐ Sole Proprietorship
3.	Name of Corporation, Partnership or Proprietor			
4.	Doing Business As			
5.	Mailing Addressstreet or BOX NUMBER	CITY	STATE	ZIP CODE
6.	Location of Business	CITY	STATE	ZIP CODE
7.	Telephone Numbers: Out-of-State ()	In-State ()	
8.	Corporation Number	DEA Number		
9.	Contact Person	Title		
10.	. List Name, Address and Title of Corporate Officers, Partne	ers or Owner(s)		
	a			
	b			
	C			

You must complete the certification on the back of this form

11.	Previous Owner's Name		
12.	Previous Name of Business		
13.	Date of Change of Ownership	Preferred Inspection Date	
14.	Has any owner or officer ever been found guilty of a drug, controlled substance or moral turpitude violation? \Box Yes \Box No		
	If yes, explain in detail on the lower portion of this form, provide circumstances, places, dates and outcomes.		
15.	Certification		
		SIGNATURE OF APPLICANT	
l,	, certify under penalty of perjury under the laws of the state of Washington to the truth and accuracy of all statements, answers, and representations of the foregoing application, including a supplemental statements.		
	Subscribed and sworn to before me this	, day of, 20	
		Notary Signature	
	SEAL	For the state of	
		Residing at	
		My Commission Expires	